FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL									
	OMB Number:	3235-0287								
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0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					OI	Section	on 30(r	n) of the	nvestm	ient C	Company Ac	ot of 1940									
1. Name and Address of Reporting Person [*] <u>LOWE KENNETH W</u>					2. Issuer Name and Ticker or Trading Symbol SCRIPPS E W CO /DE [SSP] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner																
(Last) (First) (Middle) 312 WALNUT STREET, 28TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 05/05/2004									Officer (give title Other			Other (s below)			
(Street) CINCINNATI OH 45202			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting									
(City) (State) (Zip)															Person						
		Tak	ole I - N	lon-Der	ivativ	e Se	curiti	ies A	cquire	d, D	isposed	of, or B	enefici	ially	Owned						
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				Execution Date,		3. Transa Code (I 8)				d (A) or r. 3, 4 and	Beneficially Owned Following Reported		es ally Following d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Code	v	Amount	(A) or (D)	Price			saction(s) r. 3 and 4)						
Class A Common Shares, \$.01 par value per share 05/05/20					/2004	04		M		40,500	A	\$18.	.76	0			D				
Class A Common Shares, \$.01 par value per share 05/				05/05	/2004 s		S		40,500	D	D \$104.1622		217,584			D					
Class A Common Shares, \$.01 par value per share													73	73,845		1 1	Wife's trust				
Common Voting Shares, \$.01 par value per share													0			D					
			Table I								posed o				wned						
1. Title of Derivative Security (Instr. 3)	Conversion Date Executor Exercise (Month/Day/Year) if any		if any			5. Number 6		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		t 8	. Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indirec Beneficia Ownersh (Instr. 4)				
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amount or Number of Share	r							
Option	\$18.76	12/09/1994			A			1	12/09/19	95	12/09/2004	Class A Common	40,50	0 \$	104.1622	8		D			
Option	\$34.5								01/10/19	98	01/09/2007	Class A Common	23,50	0		8		D			
Option	\$47.22								01/15/19	99	01/14/2008	Class A Common	30,00	0		8		D			
Option	\$49								01/24/20	01	01/23/2010	Clas A Common	60,00	0		8		D			
Option	\$52.79								10/01/20	001	09/30/2010	Class A Common	60,00	0		8		D			
Option	\$64.25								01/25/20	002	01/24/2011	Class A Common	100,00	00		8		D			
Option	\$75.11								02/20/20	003	02/19/2012	Class A Common	125,00	00		8		D			
Option	\$79.97								02/26/20	004	02/25/2013	Class A Common	125,00	00		8		D			
Option	\$97.42								03/23/20	005	03/22/2014	Class A Common	93,75	0		8		D			
		•			-		-												•		

Explanation of Responses:

Remarks:

/s/ M. Denise Kuprionis,

Attorney-in-fact for Kenneth

W. Lowe

** Signature of Reporting Person

Date

05/05/2004

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.